

Patient name—last		first		middle initial		Date of birth		Age		Sex					
Address—number, street				City		State		County		ZIP code					
Telephone number															
Home ()						Work ()									
RACE (check one)								ETHNICITY (check one)							
<input type="checkbox"/> African-American/Black		<input type="checkbox"/> White		<input type="checkbox"/> Native American		<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Other _____		<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Non-Hispanic/Non-Latino			
If Asian/Pacific Islander, please check one:				<input type="checkbox"/> Asian Indian		<input type="checkbox"/> Cambodian		<input type="checkbox"/> Chinese		<input type="checkbox"/> Filipino		<input type="checkbox"/> Guamanian		<input type="checkbox"/> Hawaiian	
				<input type="checkbox"/> Japanese		<input type="checkbox"/> Korean		<input type="checkbox"/> Laotian		<input type="checkbox"/> Samoan		<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Other _____	

Onset date	Attending physician				Telephone number ()
Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No	Admit date	Discharge date	Hospital name	Medical record number	Telephone number ()

Did patient attend day care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did patient attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were household contacts and other close contacts provided chemoprophylaxis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, how many _____
--	--	--

OUTCOME OF CASE <input type="checkbox"/> Survived <input type="checkbox"/> Died—Date _____ <input type="checkbox"/> Unknown	SPECIMEN from which <i>Neisseria meningitidis</i> was isolated (check all that apply): <input type="checkbox"/> CSF <input type="checkbox"/> Blood <input type="checkbox"/> Not stated <input type="checkbox"/> Not isolated <input type="checkbox"/> Other (specify) _____ If <i>N. meningitidis</i> was <i>not</i> isolated, diagnosis was made by: <input type="checkbox"/> Detecting positive antigen in CSF OR <input type="checkbox"/> Clinical purpura fulminans OR <input type="checkbox"/> Other (specify) _____
---	--

Neisseria meningitidis serogroup: ☐ A ☐ B ☐ C ☐ Y ☐ W135 ☐ Other _____
☐ Not groupable ☐ Unknown or not done

Resistant to Sulfa? ☐ Yes ☐ No ☐ Not tested or unknown

Resistant to Rifampin? ☐ Yes ☐ No ☐ Not tested or unknown

Investigator name (print)	Date	Telephone number ()
Agency name		